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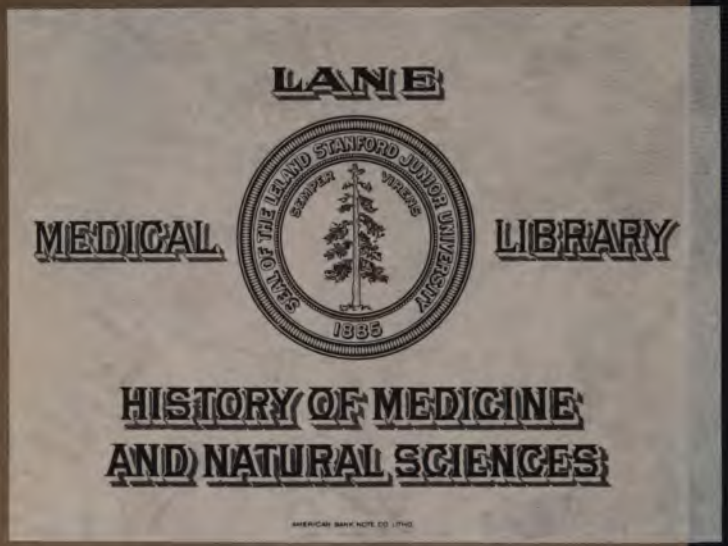
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of
Washington Lemuel Atlee
M. D.

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IN MEMORIAM.

WASHINGTON LEMUEL ATLEE.

THE career of a self-made man, whose skill, industry, and determination have been crowned by eminent position, is always worthy of recital, to stimulate the rising generation to an imitation of his virtues. When this career is at the same time that of a physician who has bravely battled with professional prejudice to advance medical science, and who has contributed greatly to ease of management and certainty of results in the most difficult and doubtful realms of surgery, a rapid sketch of the leading incidents of his life and the traits of his character cannot fail to interest his professional brethren. It is the mournful duty of the writer, with the reverence due to his teacher in medicine, and with the affection cemented by a still closer tie, faithfully, if imperfectly, to attempt this delineation.

DR. WASHINGTON LEMUEL ATLEE was born at Lancaster, Penn., February 22, 1808. He was a descendant of an old English family. "The Atlees," says a recent writer, "reached distinction very early in the history of England. Contemporaneous with Richard Cœur de Lion was Sir Richard Atte Lee, who appears conspicuously in the ballads of Robin Hood, and who is represented in the "Lytell Geste" as saying, —

> "'An hondreth wynter here before
> Myne Aunsetters Knyghtes have be.'

Antiquarians mention others of the name who lived later, and were of almost equal note."[1]

[1] *Pennsylvania Magazine of History and Biography*, vol. ii., No. 1, 1878.

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But to come nearer to our own time we find that "William Atlee, of Ford-Hooke House, England, married, against the wishes of his family, Jane Alcock, a cousin of William Pitt, and being, perhaps for that reason, thrown upon his own resources, obtained, through the assistance of Pitt, a position as secretary to Lord Howe. He came with Howe to America, landing in Philadelphia, in July, 1734." [1]

His son, the Hon. William Augustus Atlee, was an active Whig during the Revolutionary War, and was one of the judges of the Supreme Court of Pennsylvania. His term extended from 1777 until the establishment of a new court comprising the counties of Chester, Lancaster, York, and Dauphin, of which he was made President Judge, August 17, 1791, which position he filled until his death in 1793.

He left several children, amongst whom was William Pitt Atlee, Esq., a lawyer, who married Miss Light, the daughter of Major John Light, an officer in the Revolutionary army. They had six children, of whom the subject of this memoir was the youngest. When he had reached the age of seven years his father died, leaving him under the care of his grandparents. While with them, he continued at school pursuing the ordinary English studies until he was fourteen years old, when, contrary to his own wishes, he was placed in a dry-goods and grocery store.

His dissatisfaction with a commercial life increased with time, but he bore with it for fifteen months, when, unwilling longer to remain in a business for which he had no liking, he determined to leave it, and emphasized his resolve by springing over the counter, and, going directly to his oldest brother, Dr. John Light Atlee, now one of our Honorary Fellows, announced his wish to study medicine.

Seeing that he was thoroughly in earnest, his brother agreed to aid him, made him a member of his family, and directed him in his studies. Thus encouraged he worked with ardor, and with the aid of tutors supplied the defic-

[1] *Pennsylvania Magazine of History and Biography*, vol. ii., No. 1, 1878.

iency of an early classical training, studying at the same time French, German, philosophy, and the natural sciences.

He entered the Jefferson Medical College in the winter of 1826–27, where his industry and talents attracted the attention of Dr. George McClellan, the Professor of Surgery, who invited him to become his private pupil. Here "he formed one of a class of fourteen or fifteen pupils, most of them remarkable for their intellectual powers, refinement, and high promise. Of that band," says Professor Gross "— of whom not more than three remain — Atlee was one of the most conspicuous; tall, erect, and handsome in person, he was remarkably neat in his appearance, and possessed of an amount of industry, intelligence, and ambition, which foreshadowed his future success. Young as he was, it was apparent that he had a highly inquisitive mind, that he was constantly in search of new truths, and that he was determined to attain to distinction in his profession." The influence of Dr. McClellan on such an ardent young man was unbounded, and can be easily understood when we read what Professor Gross, a fellow student with Atlee, says of him.

"I well remember my first interview with him, the cordial pressure of his hand, his kind manner, and the warm interest he manifested in my welfare. There was a magnetism about him that put me at once at my ease, and made me feel at home in his presence." "McClellan, as the name would seem to imply, was of Scotch descent, with a considerable amount of Yankee infusion. To this blending of nationalities he no doubt owed the great dominant elements of his character; his ardent temperament, his wonderful enthusiasm, his untiring energy, his thirst for knowledge, his dauntless courage, his unceasing restlessness, and his boundless ambition. The word failure found no place in his vocabulary."[1]

It is not surprising that such a man had a wonderful influence on his students. Even in 1874, Dr. Atlee writes

[1] *An Address to the Alumni Association of the Jefferson Medical College*, by S. D. Gross, M. D., LL. D., etc., March 11, 1871.

of him as one "whose memory is sacred in the hearts of his surviving pupils."

Stimulated by the example and guided by the counsels of this great teacher, the efforts of young Atlee were redoubled, and on his return to Lancaster to enjoy his summer vacation, he at once engaged in practice amongst the poor, almost living in the Lancaster County Hospital. His efforts were so successful, and he became so popular, that, before he received his degree, he had attended forty cases of obstetrics. Of all these cases, and in fact of all cases which appeared important to him, he kept copious notes, and frequently completed the notes by criticising the treatment. This habit of keeping notes of his cases, he continued until within a few weeks of his death, a habit which cannot be too highly commended to young practitioners.

His connection with the hospital gave him abundant opportunity to study practical anatomy, of which he was very fond, and much of his leisure was occupied in dissection, in the failure of a supply of human bodies resorting to those of animals. Nor did these engagements fully occupy his time, for, "during the summer of 1827–28, he actively pursued the study of botany, and was a correspondent of Dr. William P. C. Barton, then Professor of Materia Medica and Botany in the Jefferson Medical College. He collected about four hundred specimens of Lancaster County plants into an herbarium, accompanied with a written description of each plant, which collection he subsequently presented to the Linnean Society of Pennsylvania College, at Gettysburg, Penn."[1]

Continuing these industrious habits, he returned to Philadelphia, attended another course of lectures, and graduated in the spring of 1829. The subject of his thesis was "Parotitis Gangrenosa," an original title, the case described in it having occurred in his own practice. Independent in spirit, Dr. Atlee, in entering upon his career, felt a manly pleasure in relying upon his own exertions. It

[1] *Biographical Sketch of Washington L. Atlee, M. D.*, by J. M. Toner, M. D., of Washington, D. C.

was this spirit which led him to repay with interest, as his practice increased, all the expenses of his education. To accomplish this he felt the importance of speedily acquiring a remunerative practice, and believing a small town to promise the most rapid advance in the earlier years of professional life, he selected Mount Joy as a suitable place for his first settlement.

Mount Joy was at that time a small village, about twelve miles from Lancaster. Here he continued to fit himself by study for a larger field, and evinced that public spirit for which he was always noted, by originating a temperance society, and a lyceum. Before the society he delivered a lecture on temperance, which was so well received that it was published. He also delivered a course of lectures on botany, and some lectures on the falling stars of November, 1833, besides reading many miscellaneous papers before the lyceum.

Of course, his practice at first was small, but it soon increased, and, his reputation spreading widely, he was summoned long distances into the country in surgical cases. An account of one of the first of these will illustrate his readiness in an emergency even at that early date. A messenger on horseback came for him in extreme haste to see a boy who had been gored by a furious cow which had just calved. Placing his instruments and plaster in his pocket he sprang up behind the rider, and was soon carried to the scene of the trouble.

He found the abdominal muscles frighfully gashed, but the semi-transparent peritoneum, showing the bowel like a glass in front, unwounded. Placing his hand in his pocket, to his dismay he found that in the rapid ride he had lost his instruments. He was equal to the occasion, however, and by means of the plaster he succeeded in dressing the wound, his patient making a good recovery.

While at Mount Joy, he was married to a lady to whom he had been long attached, Miss A. E. Hoff, daughter of John Hoff, Esq., of Lancaster. The union proved exceedingly happy, and ten children were born to them, six of

whom survive their father, Mrs. Atlee having died eight years before her husband.

In the autumn of 1834 he removed to his native city, and was soon elected to the staff of the Lancaster County Hospital. In 1837, he was appointed Treasurer to the Commissioners of Lancaster County. He continued energetically at work, and was rewarded by a large practice. But while attending to other duties he did not neglect the study of the higher departments of his profession. The series of experiments, successfully made at his suggestion, upon the body of Moselmann, who was executed for murder, at the time attracted considerable attention. The influence of electricity upon the human body was then comparatively unknown, and the experiments were viewed with so great interest, that some of the leading physicians of Philadelphia came to witness them, although the journey from Philadelphia was, at that day, a tedious one. These experiments were published in the "American Journal of the Medical Sciences" for May, 1840.

"He was also active in originating an association called the 'Lancaster Conservatory of Arts and Sciences,' before which he gave a course of lectures on hygiene, besides other scientific and miscellaneous lectures." Nor was he less active in assisting to establish the Lancaster County Medical Society. Soon after his return to Lancaster, he gave a regular course of lectures on chemistry to private classes. This he continued for several years, and also delivered one public course before the Mechanic's Institute of that place.

These efforts established his reputation as a lecturer on chemistry, and led to his receiving an invitation, in 1844, to fill the chair of Medical Chemistry in the Medical Department of Pennsylvania College, at Philadelphia. This he accepted temporarily, and lectured there the following session, after which he returned to Lancaster and resumed his practice; but in the fall of 1845 he fully accepted the position, and removed his family to Philadelphia, which from that time he made his permanent residence. His lectures

proved very acceptable to his class; for he was amongst the first to abandon the old routine course of lecturing, and by excluding that portion of chemistry which had no direct bearing on the science of medicine, he made apparent the practical use of this branch to the medical student.

His practice, which was then general, increased very rapidly, and occupied so much of his time that he found it extremely burdensome to continue his lectures, but he did not sever his connection with the college until the spring of 1852, when he resigned his professorship, and devoted himself almost exclusively to surgical and gynecological practice.

Surgery had always been his favorite pursuit, and when he accepted the chair of chemistry, it was with the understanding that he should ultimately be transferred to that of surgery, but some inexplicable policy had continued to postpone the change. Now he was free to pursue his course untrammeled by a position which, for a long time, he had felt was incompatible with the reputation which he had established as a surgeon.

While still in Lancaster he was known as a skillful and courageous operator, and the publication of some of his cases in the "American Journal of the Medical Sciences," had also introduced him favorably to the medical public; but, before leaving that city, he performed and published two operations which fixed the eye of the profession upon him as a dangerous innovator, as a man who had been performing an operation which had been previously undertaken, and had proved so unsuccessful that it had been condemned even by some of those who had practised it — ovariotomy.

Besides, there was a cloud of doubt and distrust which hung over the early history of this operation, which had not then been cleared away, and further it had been attempted but by few men of note, most of whom, after a brief trial, had abandoned it, both on account of its fatality, and the difficulty attending the diagnosis. In fact ovariotomy was an operation universally denounced, and he

must he a brave and determined man who should dare attempt to establish its legitimacy. This he proposed to do, his early experience having led him to believe it a justifiable measure.

To show how carefully and conscientiously he prepared himself for the difficult task before him, and also to show how great was the odium brought upon him by its performance, his own words must be quoted. After claiming for Ephraim McDowell the honor of being the first to perform ovariotomy, he proceeds [1]: —

"On the 29th of June, 1843,[2] my brother performed ovariotomy on an unmarried lady, aged 25 years. This was the first time that *both* ovaries were removed. The patient is still living and in excellent health. Being associated with him in the case, I commenced studying the literature of the operation, and soon realized the bold and important step taken thirty-four years before by McDowell of Kentucky.

"Living at that time in the city of Lancaster, I ransacked every library in the place. After this I visited Philadelphia, gained access to several of its large medical libraries, and spent considerable time in collecting and collating all that had any bearing upon the subject of ovariotomy. I believe that everything that had ever been reported was thoroughly gleaned from every part of the world. The result of this great labor was the publication of one hundred and one operations in 'The American Journal of the Medical Sciences,' April, 1845, page 330. This table was originally prepared for my own use; a new edition of it, containing two hundred and twenty-two cases of ovariotomy, was published in 1851 in the 'Transactions of the American Medical Association' for that year, page 286.

"My first operation was performed March 29, 1844, on a married lady sixty-one years of age. It proved fatal.[3] It was on the banks of the Chicquesalunga, Lancaster County. In traveling westward on the Pennsylvania Central Railroad, soon after passing Landisville station, a small stream is crossed, on the op-

[1] *A Retrospect of the Struggles and Triumph of Ovariotomy in Philadelphia, etc.*, by Washington L. Atlee, M. D.

[2] *American Journal of the Medical Sciences*, January, 1844, p. 44.

[3] *American Journal of the Medical Sciences*, July, 1844, p. 43.

posite bank of which and on the right-hand side stands a one-story brick tenement. It was in this house, after many days and nights of intense anxiety, that I first essayed this operation. I can never pass it without emotion. It is the text for many, many thoughts. No one can know the mental and moral conflicts of that hour, and I cannot describe them. In that humble spot began the great battle of my professional life, a battle, on my part, unsought, yet firmly maintained on the defensive; because, although this effort was unfortunate, I had weighed the matter well, and my convictions were on the side of humanity and duty. With the axiom that *truth must prevail*, I determined to take my position."[1]

"My second operation was performed in the city of Lancaster, August 28, 1844, on an unmarried lady twenty-four years of age. She recovered. The public record of the case contains these words: 'I pledge myself to the profession to treat this subject

[1] In reporting this case he added some remarks from which the following extracts are taken to show the stand he took at that early day: —

"I have given this unfortunate case in *full detail*, in a conscious spirit of truth and candor, because it is an *unsuccessful* one. It is not so much to avoid the censure of 'keeping studiously and carefully from the public eye the unsuccessful cases of the operation' (Mr. Lawrence), which is a species of dishonesty and empiricism deserving unqualified condemnation, as to do an act of professional duty peremptorily required by the unsettled position of this operation in the minds of the most eminent surgeons, that induces me to its publication. I have carefully avoided giving any color to the case, save what its symptoms have expressed, and I am perfectly willing to furnish it as one of the numerical arguments against ovariotomy. Still, candidly admitting the case to be fairly one of unsuccess, notwithstanding the mitigating circumstances of age, constitution, and insidious inflammation, I, as confidently as ever, consider the operation justifiable in appropriate cases of a disease otherwise desperate and incurable, and where it 'secures the only remaining chance of life.'"

And again: "There are sins of omission as well as of commission. The good of our neighbor, and our professional duty, always obligate us to risk our reputation in contributing to the one, and in properly exercising the other; and if, when relief can be afforded in a horrible and fatal disease, we are unwilling to hazard our fame, or take responsibility in consequence of danger, then, indeed, we prostitute a high and holy office, fail to exercise it purely, and will have to give an account of it hereafter."

in all truth and candor; to falsify, omit, or withhold nothing; and to write down errors, if such there be, in honesty and without fear — taking censure when deserved. In the decision of a matter of such weight to humanity, personal sacrifices ought to be utterly disregarded. If this operation is to be established it must be on *correct* statements; if it fail on such testimony, it fails justly and forever. But if its establishment be attempted on *falsified* reports and *withheld* facts, then human life must fall a sacrifice to personal and professional dishonesty, and the effort must necessarily die, covered with a mantle of human gore. Let the question, therefore, be met as it ought to be, and its history be a record of truth.'[1] This pledge was made thirty years ago, and has been faithfully carried out. The result is known.

"My third operation — the first case in Philadelphia — was performed on the 15th of March, 1849. It was long before this, however, that I found, upon moving to Philadelphia, I had roused up a hornet's nest. Ovariotomy was everywhere decried. It was denounced by the general profession, in the medical societies, in all the medical colleges, and even discouraged by the majority of my own colleagues. I was misrepresented before the medical public, and was pointed at as a dangerous man, even as a murderer. The opposition went so far that a celebrated professor — a popular teacher and captivating writer — in his published lectures invoked the law to arrest me in the performance of this operation!

"Let me refer to this early history more in detail.

"It is well known that from the earliest period of ovariotomy in Philadelphia down to the present time it has been my invariable custom to invite members of the profession to witness the operation, in order that they might be able to form a proper opinion of its character, and to judge of its propriety. There was not a prominent medical gentleman in this city that had not such an opportunity. It was a rare circumstance, during the probationary stage of the operation, for any one to accept the invitation cordially and gratefully. Some did so coldly, as if conferring a favor upon me. Others politely declined. Others positively refused and emphatically condemned the operation, while others took the invitation as an insult. And, what is most remarkable, the strongest opposition came from those who had never seen the operation, who would not consent to see it,

[1] *American Journal of the Medical Sciences*, April, 1845, p. 324.

and who consequently knew nothing about it; while those who reluctantly ventured to witness it, as a general rule, gradually modified their adverse opinions, and finally became advocates for it.

"Gentlemen who were bold enough to witness the operation, were even directly accused by their professional acquaintances of being 'particeps criminis' in committing murder, notwithstanding these murdered patients recovered! Some, high in the profession, against all ethical considerations, would call upon patients, who had fully decided upon the operation, for the purpose of warning them against me and certain death. The day before I operated upon my first patient in Philadelphia an eminent surgeon called upon her to assure her that she would certainly be dead in twenty-four hours. Twenty-four hours after the operation I requested him to visit her, and her condition was such that he would not believe that she had been meddled with until I exposed the wound. This lady is still living in good health, and since then has survived two miscarriages, the removal of an immense tumor from the neck, and an operation for cataract in both eyes. Another medical gentleman, whose patient came to me against his positive remonstrance, attended the operation for the express purpose of being with her when she died on the operating table. She did not die and still lives, although both ovaries were removed; and he left the room a convert to ovariotomy.

"The colleges, as stated, proclaimed fiercely against the operation as unjustifiable and criminal. Sometimes the professors would go out of their way to denounce it. One eminent surgeon, now dead, after the occurrence of a fatal case in 1851, opened his lecture on surgery in words like these: 'Gentlemen, it is my painful duty to announce to you that a respectable lady who, a few days ago, came from New York to this city with an ovarian tumor, which was removed by Dr. Atlee, returned to that city to-day a corpse.' This was particularly marked, as it had no relation to the subject of that lecture. It was not uncommon for medical men to refuse to meet me in consultation, for no other reason than my persistence in performing ovariotomy. A prominent surgeon, then belonging to the staff of the Pennsylvania Hospital, upon being called out at night to see one of my patients, when I was sick in bed, after prescribing, and without his having been solicited to join in the treatment of the case,

voluntarily said: 'Tell Dr. Atlee that I will not meet him in consultation, because he undertakes to perform operations not recognized by the profession.' Another, in passing along Arch Street, opposite my house, in company with others, exclaimed: 'There lives the greatest quack in Philadelphia.' And yet this same gentleman is now an ovariotomist himself. Even my own colleagues, with the exception of Professor Grant, discountenanced the operation, and endeavored to convince me of my error.

"Permit me now to recall the published opinions of some of the celebrated men of a former day. At the opening of the session of 1844–45 of Jefferson Medical College, Professor Thomas D. Mütter, in his introductory address, used these expressive words: 'A distinguished philosopher has classed man among the most cruel of all animals. . . . . Certain it is that some of our operations may be considered as supporting, to a limited degree, the charge made against our race; and there is none in the whole domain of surgery better calculated to elicit, even among the profession, a more profound sensation of horror, or better deserves the epithet of cruel, than one recently introduced into practice; and were we not convinced that nothing but a fervent desire to relieve a suffering mortal could induce a surgeon to undertake its performance, we should at once look upon its author as a being destitute of either sympathy or compassion, and richly deserving the detestation of his fellow-men. The operation to which I refer is that for the removal of ovarian tumors.'

"In 1853, Joshua B. Flint, M. D., of Louisville, Professor of Surgery in the Kentucky School of Medicine, presented a report on surgery to the State Medical Society, in which he outraged professional ethics in his opposition to ovariotomists, and, like the unclean bird, defiled his own nest by unjustly denouncing McDowell.

"In speaking of my table, Dr. Flint exclaims: 'It is remarkable, that among men who, according to this table, have sought to distinguish themselves by this operation, we do not find Dupuytren, nor Delpech, nor Larry, nor Roux, nor any of their illustrious contemporaries in France; nor the Hunters, the Coopers, the Bells, Abernethy, or even Liston, among British surgeons; nor Physick, nor Post, nor Mott,[1] nor Dudley, of our

[1] Dr. Mott, though his name was not on my table, was *favorable* to the operation, and assisted his son-in-law, Dr. Van Buren, in a case, which was published in the *New York Journal of Medicine*, March,

own country, although it can scarcely be doubted that all of them had frequent opportunities of so doing.'

"In speaking of 'Dr. Clay, of Manchester, Dr. Bird, of London, and Dr. Washington Atlee, of our own country,' Dr. Flint says: 'It is certain that neither of them has attained to the position of an authority in the commonwealth of surgery; and the force of their testimony to the propriety and value of the operation is, moreover, very much impaired by the suspicious attitude in which they stand to it, in having made it a sort of specialty, than which nothing is more trying to professional integrity.' Now I can speak for myself, and also for Drs. Clay and Bird, that neither of us was a specialist, and although we had not attained to the position of an authority, there was no stain upon our 'professional integrity,' and that the cases reported were true in every particular. The *facts* presented were offered only as authority, and stand this day, as they stood then, on the foundation of truth, unchallenged and unchangeable by time.

"Another distinguished gentleman, Professor Meigs, thus emphatically expressed himself: 'I detest all abdominal surgery.'[1] 'I am free to say, that I look upon all operations for the extirpation of the diseased ovary as not to be justified by the most fortunate issue in any ratio whatever of the cases.'[2] Or, in other words: 'not to be justified by any amount of success.'[3] Again: 'Dr. Atlee's coolness in cutting open a woman's belly does not, I should think, entitle him to judge more clearly than I as to the morals of such surgery. . . . . Dr. Atlee likes them' [ovarian operations]; 'on the contrary, I detest them, and should be glad to see them prevented by statute.' Again, while discussing 'a question of high morals' before the young gentlemen of his class, Professor Meigs says: 'I should be glad if you would look over the statistics of ovariotomy to discover how many bellies have been ripped up by the surgeons in the expectation of having the blessed satisfaction and *praise* of curing a tumor. Suppose a surgeon to open a woman's belly to extirpate an ovary; that he finds no ovary there, that he then sews

1852, and republished in the *Amer. Jour. of Med. Sciences*, April, 1852, and must have been seen by Dr. Flint.

[1] *Females and their Diseases*, First Edition, 1848, p. 266.

[2] Colombat on *Diseases of Females*, 1849, p. 418.

[3] *Females and their Diseases*, 1848, p. 314.

up the gash; and next, that she dies; what should the attorney-general say?'[1] Again: 'It would scarcely be unfair to say of all the fatal results of operation for extirpation of the ovary that the patient is compelled to render her soul to God and her carcass to the surgeon.[2]

"I need not dwell any longer on these early phases of the history of ovariotomy. My contemporaries of the past are fully aware that I have not overdrawn the picture. Ovariotomy, both privately and publicly, was denounced without measure, and the weight of the battle-axe in this city fell upon my shoulders. The same opposition, although not so acrid and determined, assailed the operation and its advocates in other countries. In an innovation so momentous this, perhaps, was best; for my own part, I was and am satisfied. I believe my opponents were honest in their convictions. I know that I was, and as my actions were based upon abundant study of the subject in all its aspects, upon repeated facts constantly recurring, and upon the success attending those who practiced ovariotomy, I felt assured that this great battle must terminate in favor of science and humanity."

These extracts show clearly the status of the operation and the unmerited opprobrium visited upon those who had the temerity to perform it at that early day. From bitter experience few, indeed, had better reason to know than he how hard it was to convince the profession that it was justifiable. But a reward was in store for a struggle of years against professional prejudice; for he became so identified in the public mind with ovariotomy, that after its success was established, his services were in demand on every side.

He verified the words of Bacon: "If a man perform that which hath not been attempted before, or attempted and given over, or hath been achieved but not with so good circumstance, he shall purchase more honor than by affecting a matter of greater difficulty, or virtue, wherein he is but a follower." From Maine, from California, from North and South, in fact from every State and Territory, continually arrived letters urging him to come and operate. He visited, for this purpose, one of the New England and

[1] *Woman and her Diseases*, Third Edition, p. 339.

[2] *Ibid.*, p. 341.

two of the extreme Southern States within the same week. These distant cases made it necessary for him to relinquish family practice; but, when at home, he was kept busy with consultations, and his offices were filled by patients, many of them coming from long distances to seek relief at his hands. His success was great, and was the result, not only of consummate skill and care as an operator, but of the wonderful diagnostic tact he never failed to manifest.

As an operator he was cool and fully prepared for all emergencies. He avoided a needless array, and, although having a full reserve of instruments, used but few. His friend, Professor Gross, in speaking of this says: "With the knife he was, in his particular line, *facile princeps*. He appreciated the aphorism of Desault, that simplicity is the perfection of an operation. He rarely used more than one scalpel, one bistoury, one pair of forceps, one pair of scissors, and one needle. He had a just horror of display. The duties having been duly assigned to his assistants, everything proceeded as silently as possible, with the regularity of clockwork. Always self-possessed, his eye never quailed, his hand never trembled."

He was in the habit of giving his diagnosis to the medical gentlemen present before he commenced an operation, and, if he had any doubt, he told it plainly and gave his reason for it. This of course afforded all present an opportunity to determine of the correctness of his opinions; and, in a close association with him of thirty years, I can recall few errors of judgment. It is remarkable that, with so little leisure, he managed to perform so much clerical labor; for he carried on an extensive correspondence, frequently contributed to the journals, wrote an octavo volume on ovarian tumors, besides essays on subjects connected with gynecology, and kept full notes of all important cases, recording them the day they occurred; nor would he sleep until all intended work of this kind had been accomplished.

Although his time was so fully occupied, he did not fail to keep himself perfectly familiar with the medical litera-

ture of the day, and with the improvements in medicine; and none was more ready than he, to recognize and adopt them. He also added to the success of his operations by planning new methods of procedure in particular cases, among which may be mentioned, the use of the écraseur to divide the pedicle in ovariotomy, which he was the first to employ for this purpose, June 19, 1857. He also practiced enucleation in the same operation as early as July 25, 1850. Many of the instruments he used were invented or improved by himself, as for instance, the well known clamp which bears his name.

He was the first to indicate clearly the importance of tapping as a means of diagnosis in obscure cases of abdominal dropsy, and, also the first to point out the true value of the removed fluids for the same purpose, particularly to differentiate cysts of the broad ligament and fibro-cystic tumors of the uterus from ovarian tumors. It is well known to surgeons that in ovariotomy the thickened and opaque peritoneum has been frequently mistaken for the cyst, and separated from the fascia and muscles for some distance before the error has been discovered. This mistake, besides embarassing the operator has added to the risk of the operation, and no method of avoiding it was known until Dr. Atlee pointed out a safe and valuable guide, depending upon a knowledge of the anatomy of the part, by which such an error was made impossible. His test is the passing up of the hand or of a sound to the umbilicus, where, if it be peritoneum, the hand is arrested, but if it be the cyst, it passes easily.

There was a remarkable originality in him, which was frequently displayed in his operations. It was manifested in his case of vaginal ovariotomy, which antedates all others.[1]

But, perhaps, this was more strikingly seen in his operation for the removal of uterine fibroids. His first case of this kind occurred in 1845. Its complete success fully disproved "the position hitherto esteemed as an axiom by

[1] *Gynecological Transactions*, vol. ii., p. 266.

surgeons of authority, that polypus of the uterus cannot be subjected to operative measures until it has escaped from the uterine cavity."[1] The numerous cases following this, he embodied in a paper which was one of twelve essays, presented to compete for the prize at the meeting of the American Medical Association, held in the city of New York, in 1853. His paper was one of the two to which the prize was awarded. It was entitled "The Surgical Treatment of Certain Fibrous Tumors of the Uterus, heretofore considered beyond the Resources of Art." A synopsis of some of the cases contained in this essay was previously embraced in the "Report on Surgery" in 1850, by Professor Mussey, who says: "Of all the achievements of modern surgery, we meet with none more striking or extraordinary than the operations performed by Professor Atlee for the removal of intra-uterine fibrous tumors."

Professor Pallen, in his prize essay presented to the American Medical Association in 1869, says: "In 1853, Dr. Washington L. Atlee startled the profession by his method of heroically attacking uterine tumors with the knife. . . . . His successes were numerous, and the ingenuity of his devices are deserving of the highest commendation." And Dr. J. Marion Sims, in the "New York Medical Journal," April, 1874, writes: "The name of Atlee stands without a rival in connection with uterine fibroids. His operations were so heroic that no man has as yet dared to imitate him. A generation has passed since he gave to the world his valuable essay on the surgical treatment of fibrous tumors of the uterus; but it is only within the last five or six years that the profession have come to appreciate the great truths which he labored to establish. Meadows, of London, and Thomas, of New York, have each achieved splendid results in this direction, and made valuable contributions to our literature. A few isolated cases of fibroid enucleation have been published by others, and this is about all that we can boast of since Atlee first led the way for us."

[1] *Prize Essay*, p. 25.

The last paper which he wrote on this subject was entitled "The Treatment of Fibroid Tumors of the Uterus." It was read before the International Medical Congress, September, 1876. In it he gave the result of his great experience in the treatment of these growths, both by medical and surgical means. This elaborate paper evinced great originality and was warmly applauded by the section before which it was read, composed of some of the most distinguished men in this branch of medical science. He was frequently urged to give the profession the benefit of his long and valuable experience in a book on the treatment of abdominal tumors. This he had promised and fully intended to accomplish as soon as he could spare the time, but it was put off for some future period of leisure, which, unhappily, was destined never to arrive.

With all these engrossing labors, he never ceased to feel the warmest interest in the general welfare of the profession. He took an active part in the organization of the Philadelphia County Medical Society, of the Medical Society of the State of Pennsylvania, and of the American Medical Association. He was, also, one of the Founders of the American Gynecological Society. In all of these bodies he retained his membership until his death. Of the Philadelphia County Medical Society, he was president in 1874, and president of the Medical Society of the State of Pennsylvania and vice-president of the American Medical Association in 1875. Of this Society he was first vice-president in 1876 and again in 1877.

At the meetings of these bodies, "he was known as a brilliant extempore speaker and an able debater; his influence being always exerted in favor of a higher medical education, and of a broad and liberal construction of the rights and duties of medical life."[1] In his long connection with these societies, he allowed nothing but the most urgent engagements or sickness to interfere with his attendance on their meetings. That this interest was earnest and sincere, was well seen in the last journey which he took,

[1] *Physicians and Surgeons of the United States*, p. 560.

which was to attend the meeting of the State Society at Pittsburg in May, 1878. He was then so feeble as to require support in walking, and so emaciated that every movement was painful to him, yet he endured the trying journey merely to meet them once more.

It is almost needless to say that, with his warm attachment to his profession, he was scrupulously correct in all that related to medical ethics, and, in his intercourse with his medical brethren, honorable and considerate.

But these professional labors of a life give us but little idea of the man, except of his capacity for work, his unceasing industry, and his untiring energy. In this brief sketch no allusion has been made to his more marked personal traits, but a memoir of him would indeed be incomplete which should fail to represent that he was a most devoted husband. This devotion which commenced in his very early days, and only ceased with life, was a beautiful feature in his character, which, although it may be thus mentioned, is too sacred to be dwelt upon.

He was an affectionate father, a firm and warm friend, and a thoroughly conscientious, honest, and truthful man. These last traits were so well known to his patients that their confidence in him was unbounded. He invariably spoke plainly in regard to the dangers of an operation, concealing nothing from the one who was, he knew, the most interested in the result. His fatherly manner in doing this, relieved much of the shock which the poor sufferer must have felt if told in a different way. Neither, when the occasion required it, did he conceal from the patient the near approach of death, but gave timely warning, that preparation might be made for the dread event.

In person he was above the ordinary stature, erect and commanding in his carriage, his face benevolent, his manner courteous and dignified, and, although kind, forbidding familiarity. In the sick-room he was uniformly cheerful and as tender and sympathetic as a woman. His very appearance inspired confidence. His movements were quick and decided, indicative of his character. Although nearly three

score years and ten, his eye was undimmed, his mind was strong and clear, his perceptions quick, and his judgment sound. He was a man of strong feelings, but had complete control of them. Although firm in his opinions, he was tolerant of those of others.

His robust frame could endure an immense amount of work without fatigue; and frequently, after a journey consuming days and nights he would arrive home early in the morning, and, without rest, go on with his daily duties. He was a most methodical man. His punctuality at consultations was well known, and he was as sure to be present at the minute at distant places as in city practice. His arrangements for journeys were all completed, the routes written out in full, together with the time at which he would reach certain points, if possible, the day before he started. A copy of the route was left at home, and no matter how distant the place, his family were always sure of a letter or telegram reaching him.

His determination to keep engagements sometimes led him into danger, as the following incident will show. In March, 1875, he made an appointment to operate, at a certain hour, at Good Thunder, Blue Earth County, Minnesota. When some distance from the place, a fearful storm arose, and the road became blocked with snow. It was found impossible for the cars to proceed. He learned, on inquiry, that he could only keep his appointment by riding twenty-five miles across the prairies. Old inhabitants warned him against the ride, and said it was madness to attempt it in such a storm. But, determined to keep his engagement if possible, and having secured the services of a man with a sleigh, he and his daughter, who generally accompanied him on his journeys, started on the perilous ride. It was a wild waste of hard frozen snow, no road being visible, and even the fences being covered. The storm increased, and they were almost blinded with the sleet, but they drove on trusting that they would reach the place in time. When about half through the journey, the driver lost his way, and the sleigh striking some obstacle, which proved

to be the top of a fence, was upset and all were thrown out. The driver was discouraged, but urged by the doctor, who busied himself in replacing the wraps and satchels, they started again, and finally reached their destination in time to keep the appointment, and perform the operation. He was rewarded by the recovery of the patient.

Benevolence was a strongly marked feature in his character. This he practised in his daily life; but it was only known to the recipient of his bounty, for he followed the rule, "let not thy left hand know what thy right hand doeth." Many instances of this could be recited, but one or two will be sufficient. A poor woman in Alabama, afflicted with an abdominal tumor, had heard of his skill, and was urgent to have his professional assistance, but having no means, and living at such a distance, she felt sure she could not secure his services. She finally concluded to write to him and tell her needs. She did so. Leaving his lucrative practice, he went to Alabama, paying, of course, his own expenses, operated on her successfully, and she now lives to bless his memory.

In his last illness, when, from suffering, life had become a burden, he was written to concerning a case of tumor in a poor young girl, who had gone to Scotland, her native place, to seek relief. There she had been told that nothing could be done for her, and had been sent back to die. In his feeble condition, when every movement was painful, we may be sure that no pecuniary consideration would have been sufficient to induce him to leave his home. Touched by her story he went to Clearfield, Penn., a journey of twelve hours, and removed an ovarian tumor, which weighed more than she did; such an immense mass was it, and so small and emaciated was the woman, that he described it as cutting away the patient from the tumor. She recovered. Another well-marked trait was his generous hospitality. His house was rarely without guests, who were always received with a hearty cordiality, which made them feel that they were truly welcome.

He was a religious man, not ostentatious, nor one who

loved to parade his goodness before the world; but those who knew him best can testify to his thorough conscientious regard for all his Christian duties. When but a young man he was confirmed in Christ Church, Philadelphia, by the venerable Bishop White, and ever remained a consistent professor of religion, conscience influencing every important action of his daily life.

> "A life well spent, whose early care it was
> His riper years should not upbraid his green."

After contributing so much to the relief of human suffering, it might have been hoped that his last days would have been peaceful, and free from pain, but, in April, 1876, the disease which terminated his life after intense suffering, seized on him. At this date he performed operations in three different cities on three succeeding days, travelling for this purpose three nights in succession. One of the patients on whom he operated was suffering from cancer of the uterus. He returned home feeling greatly prostrated, and at once took to his bed. He had a low fever, a tympanitic abdomen, and tenderness in the left iliac region, — in fact had most of the symptoms of a patient in the second week of typhoid fever. He recovered from this in about ten days, but from that time his health failed, he lost color, and emaciated rapidly. About six months before his death he was attacked with rheumatism, which, together with obstinate attacks of vomiting, added greatly to his distress, but no marked local disease manifested itself until last February, when a small, hard mass was found projecting below the border of the ribs, on the left side. This increased rapidly, and, by June, extended from the nipple to the anterior superior spinous process of the ilium. It consisted of a comparatively soft mass above, terminating below in hard nodules. It was supposed to be a malignant disease of the spleen.

The liver was also greatly enlarged, its lower border touching the anterior superior spinous process of the ilium of the right side. In the latter part of June the tumor slowly

diminished in size, and continued to contract until nothing could be felt of it except the hard nodules just below the ribs.

In the autopsy, made twenty-four hours after death, the spleen was found enlarged to about twice its usual size, but was healthy in structure. It was located more anteriorly than normal, and just under it was a large tumor, which a careful examination proved to be the left kidney. It reached from the diaphragm above to the promontory of the sacrum below, and was firmly adherent to the parts beneath it, incorporating the aorta and other vessels in its mass. Its estimated weight was between two and three pounds. It proved to be a medullary cancer of the left kidney, its upper border being hard, while the remainder of the growth was cerebriform.

In its early stage it evidently pressed on the vessels of the spleen and liver, producing congestion of these organs, which in the last two months was relieved by the softening of the mass. The spleen being thus greatly enlarged and covering the diseased kidney like a cushion led us into the error of supposing it the organ at fault. The urine was carefully and frequently examined in all stages of the disease, but nothing abnormal was ever found in it. The right kidney was rather larger than normal, and contained in its cortical substance a number of cysts, some of them as large as a nutmeg and filled with a yellowish fluid. The liver was healthy, but the cystic duct contained a calculus of large size, which completely obstructed it. The duct was fully an inch in diameter, and, like the gall-bladder, was filled with a colorless, watery fluid which was slightly opalescent. Under the microscope this fluid was seen to contain groups of pavement epithelial cells of small size, which had undergone fatty degeneration, and large quantities of crystals of cholesterin. When boiled it was found to be slightly albuminous.

The stomach was distended, but healthy, except a slight thickening about the pyloric orifice.

The heart contained, in the right ventricle, and firmly

attached to its right wall and to the columnæ carneæ, a growth of a light fawn color and firm consistence, about the size of a large English walnut. It was situated just below the tricuspid valves. The mitral valves were thickened, but the aortic valves were healthy.

I have purposely mentioned the fact of his having operated upon a case of cancer of the uterus just before his fatal illness, and of his having been at once seized with the symptoms of blood-poisoning. His family on both sides had been free from cancer, no case of this disease having ever happened to any member. The suspicion is thus excited that he might have been inoculated with this virus during the operation.

The disease having been recognized in February, all hope of cure was abandoned, but he persisted in attending to his practice, and continued to operate until three months before his death. His last operation was performed at Sligo, Clarion County, May 31, 1878. This was his three hundred and eighty-seventh case of ovariotomy.

Although he continued to attend to office patients for some time after this, his suffering and weakness soon confined him to his room, and compelled him to divide his time between a reclining chair and his bed. He settled all his worldly affairs, yet he did not lose his interest in his profession, but continued to read the medical journals and see his friends, making but little complaint and patiently awaiting the final summons. The waste of body did not impair his intellectual faculties, for his mind remained clear until the last. Although he knew that his end was rapidly approaching, he showed no fear of death, but welcomed it, not only as a relief but as a means of realizing his hopes as a Christian.

> "About the hour of eight (which he himself
> Foretold should be his last),
> He gave his honors to the world again,
> His blessed part to heaven, and slept in peace."

The following resolutions offered by Professor Gross, and adopted by the Philadelphia County Medical Society, well

express the feeling of the medical profession, in regard to his death: —

Resolved, That we deeply lament the demise of a man who for nearly half a century was a devoted and faithful student of his profession, — a profession which he adorned by his private virtues and illustrated by his successful practice as a physician, an obstetrician, and a gynecologist.

Resolved, That Dr. Atlee, as one of the pioneers in ovariotomy in this country, — an operation which he performed nearly four hundred times, — rendered most important service in recalling, as he did, the attention of the profession to the practicability and value of that operation, and in placing it upon a firm and permanent basis as one of the established processes of the healing art, at the same time that, by his private labors, he conferred immense benefit upon suffering women by increasing their comfort and prolonging their lives.

Resolved, That, as an author and an able thinker, his contributions to gynecology, and other branches of medicine, have shed important light upon the nature and treatment of female diseases, and upon the operations necessary for their cure.

Resolved, That the memory of a physician who accomplished so much for the good of his race should be cherished by his professional brethren, as well as the public, of which he was so valuable a member, and that his example as a high-toned, honorable, and Christian gentleman is worthy of the imitation of all young men engaged in the study and practice of medicine.

THOMAS MURRAY DRYSDALE, M. D.

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